

Division of Vital Statistics  
CERTIFICATE OF DEATH

2455

1. PLACE OF DEATH

County

State:

IOWA

Registered No.

625

Township

or Village

City Maryville, Mo.

No. St. Francis Hospital

3051

Ward

(If death occurred in a hospital or institution give its name instead of street and number)

Length of residence in city or town where death occurred about 2 hours

How long in U.S., if of foreign birth? yrs. mos. da.

2. FULL NAME

no name

2

(a) Residence. No.

Blockton, Iowa

St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 4, 1936

7. AGE Years

Months

Days

if less than 1 day, hrs. or mins.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (city or town) (State or country)

Bedford Iowa

13. NAME

Thomas C. Larson

14. BIRTHPLACE (city or town) (State or country)

Conway Iowa

15. MAIDEN NAME

Althea Marie King

16. BIRTHPLACE (city or town) (State or country)

Blockton Iowa

17. INFORMANT (Address)

Thomas C. Larson  
Blockton Iowa

18. BURIAL, CREMATION, OR REMOVAL

Place Conway, Iowa Date Nov. 5, 1936

19. EMBALMER (Address)

No.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov. 4

19 36

22. I hereby certify that I attended deceased from

date of death to

I last saw him alive on Nov. 4, 19 36, death is said

to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance in order of onset were as follows.

Immature baby.

Date of onset

severely asphyxiated.

Contributory causes of importance related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

Jay S. Terrell  
St. Francis Hospital  
Bedford, Iowa

M. D.

# ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIANS

*Baby was severely asphyxiated and brought to the St. Francis Hospital in Maryville, Mo. to get him into an incubator.*

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS

Has decedent ever served in military or naval service of the U. S. ? ..... If so give name of War .....

I, ..... Licensed Embalmer No. .... hereby certify that

the body recorded on the reverse side of this certificate was embalmed by .....

No. .... or by ..... working under my personal supervision.

Registered student No. ....

Signed .....

Licensed Embalmer No. ....

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING.  
(Failure to comply with the above constitutes grounds for revocation of license).

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Madaway

Registration District No. 628

File No. 2453

Township Marquette

Primary Registration District No. 3031

Registered No. \_\_\_\_\_

City Marquette (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

Thomas C. Larson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19.

19. UNDERTAKER (ADDRESS)

20. FILED

19.

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw \_\_\_\_\_ live on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-2455